



Sangamon-Menard Regional Office of Education

2201 South Dirksen Parkway * Springfield, IL 62703 * Phone (217) 753-6620

Shannon Fehrholz
Regional Superintendent of Schools

Jim Berberet
Assistant Regional Superintendent

www.roe51.org

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS CHECK

APPLICANT JOB CATEGORY:

TEACHER OTHER SCHOOL EMPLOYEE BUS DRIVER SUBSTITUTE TEACHER
 SCHOOL VOLUNTEER CONTRACTOR SANGAMON CO/ZONING DEPT (Purpose Code: LIQ)

PERSONAL INFORMATION:

LAST NAME: _____ FIRST NAME: _____

SS NUMBER: _____ DATE OF BIRTH (YYYYMMDD): _____

DL NUMBER: _____ STATE ISSUING DL: _____

COUNTRY OF CITIZENSHIP: _____ PLACE OF BIRTH (STATE): _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____ EMAIL: _____

PHYSICAL DESCRIPTION:

SEX: MALE FEMALE UNKNOWN

RACE: _____ (Options: Asian, American Indian/Alaskan, Black, White/Hispanic, Unknown)

EYE COLOR: _____ HAIR COLOR: _____ HEIGHT: _____ WEIGHT: _____

IDENTIFYING SCARS/TATTOOS: _____

APPLICANT AUTHORIZATION

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I authorize the Sangamon-Menard Regional Office of Education to capture and securely transmit my fingerprints to the Illinois State Police and/or Federal Bureau of Investigation pursuant to applicable statute. If your fingerprints are AFIS unacceptable and reprinting is necessary to receive results, the district/business/individual is required to pay the reprint fee. Procedure for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, CFR 16.34.

APPLICANT SIGNATURE: _____ DATE: _____

FOR DISTRICT/BUSINESS USE ONLY:

DISTRICT OR BUSINESS TO BE BILLED: **(Zoning/Liquor Applicants are to pay \$55 fee at time of appt.)****

FOR ROE OFFICE USE ONLY:

ORI: ILL15816L TCN: _____

PAID: CASH _____ CHECK (Number) _____ DEBIT/CREDIT (Approval Code): _____

FP TECH: _____ DATE: _____ PHOTO ID PRESENTED: _____

****Applicant is responsible for emailing this form with TCN # to zoning@sangamonil.gov**